

<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 6									
1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. <b>N63394-15-D-0001</b>			2. DELIVERY ORDER/ CALL NO. <b>0003</b>		3. DATE OF ORDER/ CALL (YYYYMMDD) <b>2016 Aug 01</b>		4. REQ./ PURCH. REQUEST NO.  See Schedule		5. PRIORITY										
6. ISSUED BY NSWC, PORT HUENEME DIVISION 4363 MISSILE WAY, PORT HUENEME CA 93043-4307			CODE <b>N63394</b>		7. ADMINISTERED BY (if other than 6) DCMA LOS ANGELES PO BOX 9608 MISSION HILLS CA 93146			CODE <b>S0512A</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER  (See Schedule if other)									
9. CONTRACTOR JSL TECHNOLOGIES INC. JOE BLACK 1701 PACIFIC AVE STE 270 OXNARD CA 93033-1887			CODE <b>56L11</b>		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <b>SEE SCHEDULE</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input checked="" type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED										
							12. DISCOUNT TERMS		13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Item 15										
14. SHIP TO NAVAL SURFACE WARFARE CENTER RECEIVING OFFICER PORT HUENEME DIVISON, BLDG 435 4363 MISSILE WAY PORT HUENEME CA 93043-4307			CODE <b>N63394</b>		15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER, WEST ENTITLEMENT P.O. BOX 182381 COLUMBUS OH 43218-2381			CODE <b>HQ0339</b>		<b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.</b>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 5px;">16. TYPE OF ORDER</td> <td style="width: 10%; padding: 5px;">DELIVERY/ CALL</td> <td style="width: 5%; padding: 5px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding: 5px;">This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">PURCHASE</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">Reference your quote dated Furnish the following on terms specified herein. REF:</td> </tr> </table>												16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.		PURCHASE		Reference your quote dated Furnish the following on terms specified herein. REF:
16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.																
	PURCHASE		Reference your quote dated Furnish the following on terms specified herein. REF:																
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.																			
<table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">NAME OF CONTRACTOR</td> <td style="width: 33%; text-align: center;">SIGNATURE</td> <td style="width: 33%; text-align: center;">TYPED NAME AND TITLE</td> <td style="width: 10%; text-align: center;">DATE SIGNED (YYYYMMDD)</td> </tr> <tr> <td colspan="4" style="padding: 5px;"><input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:</td> </tr> </table>												NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)	<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:			
NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)																
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17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE																			
<b>See Schedule</b>																			
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/ SERVICES			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT									
		<b>SEE SCHEDULE</b>																	
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA TEL: (805) 228-0606 EMAIL: nelson.nailat@navy.mil BY: NELSON NAILAT			25. TOTAL 26. DIFFERENCES		\$1,094,690.98 EST									
27a. QUANTITY IN COLUMN 20 HAS BEEN																			
<input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED																			
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE											
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP NO.		29. DO VOUCHER NO.		30. INITIALS									
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR									
36. I certify this account is correct and proper for payment.						31. PAYMENT				34. CHECK NUMBER									
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER				<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				35. BILL OF LADING NO.									
37. RECEIVED AT		38. RECEIVED BY		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.									

## Section B - Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0004		17,280	Hours	(b) (4)	(b) (4)
EXERCISED OPTION	Accounting Support Services FFP Financial & Accounting Support Services FOB: Destination PURCHASE REQUEST NUMBER: 1300513674-0002				
					(b) (4)
				NET AMT	(b) (4)
	ACRN AA CIN: 130051367400009				

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0005		1,980	Hours	(b) (4)	(b) (4)
EXERCISED OPTION	Project Manager Support Services FFP Financial & Accounting Support Services FOB: Destination PURCHASE REQUEST NUMBER: 1300513674-0002				
					(b) (4)
				NET AMT	(b) (4)
	ACRN AA CIN: 130051367400010				

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0006		600	Hours	(b) (4)	(b) (4)
EXERCISED OPTION	Accounting Overtime Sup Servi FFP Financial & Accounting Support Services FOB: Destination PURCHASE REQUEST NUMBER: 1300513674-0002				

(b) (4)

NET AMT

(b) (4)

ACRN AA  
CIN: 130051367400011

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0011		3,840	Hours	(b) (4)	(b) (4)
EXERCISED OPTION	Accounting Tech additional hours FFP Option year 1 Accounting Tech additional hours FOB: Destination PURCHASE REQUEST NUMBER: 1300588144				

(b) (4)

NET AMT

(b) (4)

ACRN AB  
CIN: 130058814400001

## Section E - Inspection and Acceptance

## INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0004	N/A	N/A	N/A	Government
0005	N/A	N/A	N/A	Government
0006	N/A	N/A	N/A	Government
0011	N/A	N/A	N/A	Government

## Section F - Deliveries or Performance

## DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	DODAAC
0004	POP 01-AUG-2016 TO 31-JUL-2017	N/A	NAVAL SURFACE WARFARE CENTER RECEIVING OFFICER PORT HUENEME DIVISON, BLDG 435 4363 MISSILE WAY PORT HUENEME CA 93043-4307 805-228-6200 FOB: Destination	N63394
0005	POP 01-AUG-2016 TO 31-JUL-2017	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	N63394
0006	POP 01-AUG-2016 TO 31-JUL-2017	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	N63394
0011	POP 01-AUG-2016 TO 31-JUL-2017	N/A	(SAME AS PREVIOUS LOCATION) FOB: Destination	N63394

Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA: 97X4930 NH1K 251 77777 0 050120 2F 000000

COST CODE: A10002975375

AMOUNT: (b) (4)

CIN 130051367400009: (b) (4)

CIN 130051367400010: (b) (4)

CIN 130051367400011: (b) (4)

AB: 97X4930 NH1K 251 77777 0 050120 2F 000000

COST CODE: A00003557219

AMOUNT: (b) (4)

CIN 130058814400001: